

D. Terry

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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>06/07/93</p> <p>1111 S. RICHMOND ST. BOSTON, MA 02110-1504</p>	INVENTOR'S NAME
	Street Address #10
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
06/07/93 142	06/07/93	024	TURK, M.	06/07/93
First Named Applicant	FISH & RICHARDSON			

TITLE OF INVENTION: DIGITAL EQUIPMENT CORPORATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
06/07/93 142	06/07/93	024	UTILITY	NO	\$1170.00	06/07/93

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Fish & Richardson
	2
	3

CS10084 06/23/93 07577437 DO NOT USE THIS SPACE 06-1050 010 561 75.00CH

060 MG 06/15/93 07577437 1 142 1,170.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:	02	<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> Advanced Order - # of Copies _____
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A. <input type="checkbox"/> This application is NOT assigned.		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	(Minimum of 10)
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6-3-93

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